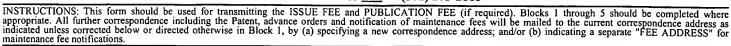


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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/613,165	07/03/2003	James E. Skavnak	424.155USU1	9163

TITLE OF INVENTION: APPARATUS AND METHOD FOR VENDING PRODUCTS HAVING VARIOUS DIMENSIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	11/15/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS]	
NOLAND, KENNETH W		3653		221-192000	,	
CFR 1.363). Change of correspon Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND	tion (or "Fee Address" Indiction (or more recent) attached. Use D RESIDENCE DATA TO B	Correspondence ation form e of a Customer	(1) the na or agents (2) the nar registered 2 registere listed, no reference to the part of the part o	nting on the patent front page, limes of up to 3 registered pater OR, alternatively, me of a single firm (having as a attorney or agent) and the named patent attorneys or agents. If name will be printed. To (print or type) ear on the patent. If an assign for filing an assignment.	a member a 2es of up to no name is 3	nt & Gould P.C.
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a. Applicant claims S	(from status indicated above MALL ENTITY status. See	e) 37 CFR 1.27.	☐ b. Applic	ant is no longer claiming SMAI	LL ENTITY status. See 37 C	FR 1.27(g)(2).
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10/613,165

Filed:

JULY 3, 2003

Confirmation No.:

9163

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